Aggregate Seclusion / Restraint Incidents

TIME						INCIDENT	-			MINOR CHILD										
Incident Date	Incident Day Of Week	Incident Time	Incident Duration	Seclusion or Restraint	Serious Occurrence	If Serious: Date OCAL Notified	Order - Verbal or Written	Name Of Licensed Practitioner	Facility Name	License #	Name of Staff Who Received Order	Function of Staff Who Received Order	Injuries Sustained (Y/N)	Setting, Unit, or Location	Debriefing Held Within 24 Hours		Age Gender	Injuries Sustained (Y/N)	Parent / Guardian Contacted within 24 hours	Name of Individual Contacted
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